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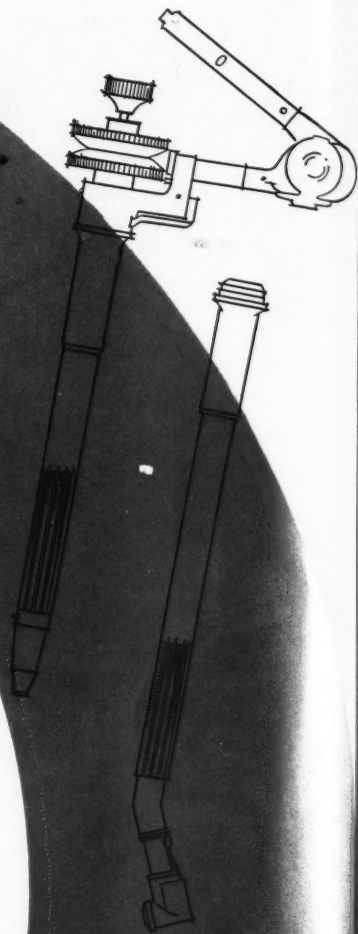
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ORAL HYGIENE

JANUARY
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The Consumer Tries **SELF HELP**

by M. M. HURLEY



Photograph, Courtesy of Nation's Business

The Federal Government, as well as private business, is using the yardstick to measure the influence of the consumer cooperatives on American business.

Now THAT THE current cooperative movement is spreading rapidly in this country, even into the field of medical service, what

will be the attitude of the dental profession toward it? Is it possible that some of the principles

(Continued on page 23)

WILL THE DENTAL PATIENT?

by JOHN W. COOKE, D.M.D.

I HAVE BECOME curious about consumer cooperatives. In the first place, this movement is tagged with an attractive title. Alliteration is a century old device to tempt instant attention and to encourage investigation. With my interest enlisted, I have used various sources of information that have been placed at my dis-

posal, and I now discover that I have encountered this movement before, in more modest circumstances, and bearing, it is true, a less catchy and far less significant name.

While attending college at the expense of my father, I made the acquaintance of the Harvard

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THE CONSUMER TRIES SELF-HELP

(Continued from page 20)

on which cooperative groups are formed could be adapted to the purchase of dental service by groups of people? To aid the readers of ORAL HYGIENE in answering these questions for themselves, this statement on the origin, organization, and growth of the cooperative movement in this and other countries has been prepared.

In broad terms we might define a cooperative society as "a *voluntary* union of persons, on a democratic basis, to supply themselves and others with goods and services, or to employ its members in producing for sale." Since 1929, these "voluntary unions" have become increasingly popular in this country. Consumers, in a desperate struggle to supply themselves with the things they need at reasonable cost, have everywhere turned to cooperative societies for aid. Economists, too, have encouraged this trend toward self help. Speaking of this movement, Howard Vincent O'Brien, a well-informed columnist, said recently, "The idea of consumer-cooperation is attracting the interest of those who, neither

dreamers or reactionaries, are convinced that, if mass production is to exist, the purchasing power of the masses must somehow be increased.

"I am inclined to agree with them that the principle of consumer-cooperation will be the main current in twentieth-century thought, as political equality was the main current in nineteenth-century thought."

To some persons these organizations may represent a novel experiment, a new, untried panacea for economic disorders. But the fact is that cooperative associations are not new; their roots extend far back into the past. The idea originated in Great Britain, where the first society was formed one hundred and seventy-five years ago.

Consumer cooperatives were not, however, an immediate success in Great Britain. Although the first one was established in 1761, for more than eighty years, sporadic attempts by consumers to band themselves into permanent organizations for their own benefit generally met with failure. Not until a group, known as the Rochdale Pioneers, be-

"Compared with Europe, the cooperative movement in the United States has traveled at a slow gait except for occasional spurts during depression periods."

Photograph, Courtesy of Nation's Business

came interested in the movement, in 1844, did the cooperative associations begin to become an important factor in the economic life of Great Britain.

The originators of this successful project were ordinary workers, twenty-eight underpaid weavers, who had to spend fourteen hours a day in the mills of Rochdale, a town near Manchester. Convinced that they could improve their condition only through self help, they met one day and agreed to save their money, penny by penny, until they had enough to start their own store. A year of painful economies followed, and at the end of it each man had accumulated only a pound. With these meager savings as capital, the weavers, in December, 1844, opened a small grocery store in a Rochdale basement.

Not one of these men was an economist, not one was educated in the sense that we understand the word, yet they laid down an amazing set of principles for the operation of their store; principles that made their enterprise live and have been the basis for virtually all the successful cooperative societies in Europe and America during the last ninety years. The tide started that December day in Rochdale has flowed over the entire world. It has reacted on the economic life of forty-three countries to such

an extent that today 105,000,000 persons belong to consumer cooperatives.

Without realizing the importance to the world of their little project, the Rochdale pioneers set down these principles, which they said they would follow with precision:

1. We will base our prices, they agreed, on the current market rather than on cut rates.

2. Each member will be credited with a share of the profits in proportion to the amount of his purchases during the year.

3. Everything we buy for the store must be of the best quality obtainable.

4. Regardless of how many shares he holds, each member can have but one vote.

5. Every householder will be permitted to join our organization if he is willing to pay a fee of one shilling.

6. We will set aside $2\frac{1}{2}$ per cent of the profits for educational purposes and for expansion.

7. When we pay any interest on capital invested, it will be only a small, fixed rate, not more than 5 per cent.

8. Our business will be done on a strictly cash basis.

All the Rochdale principles proved to be sound in practice, but the first two are the most remarkable. In them the English weavers hit upon the two

factors most essential to the permanency of their enterprise. Selling at market price instead of cost insured a profit, and the promise of rebates to customers in proportion to their purchases made members loyal to their store.

From the inception of this project dates the rise of the modern cooperative society in Great Britain. Today, the largest business institution in that country is the Cooperative Wholesale Society. It has 1000 member societies, 140 factories and business buildings, its own bank and insurance company, a fleet of steamers, a tea plantation, and depots in Africa and the Far East.

In European countries, the Rochdale principles have been generally adopted with much success. Because a large part of the population in these countries has always lived on a bare subsistence wage, Europeans have for nearly a hundred years found the cooperative system admirably suited to their careful, economical way of living.

Within the last quarter of a century, the movement has been further invigorated by the World War. Abnormal conditions forced the governments to recognize the importance of organized consumption. At the same time the privations of war made consumers eager to join cooperative

groups. Today, in Finland, Denmark, and Switzerland, the proportion of consumer society members to the entire population is one in three. Sweden is frequently named as a country that has made especially effective use of the cooperative idea. One-third of its retail business is now done by consumer cooperatives. In this connection, it is interesting to note that Sweden is reported to be the only country that has made a complete recovery from the depression.

Compared with Europe, the cooperative movement in the United States has traveled at a slow gait except for occasional spurts during depression periods. This difference in development may be explained in terms of the early economic conditions in this country. From the days of the first colonists, the imaginations of Americans had been stirred by stories of free land and vast natural resources further West. When the struggle at home became too hard, pioneers packed up their possessions and set out on new ventures. Some hoped to make their fortunes overnight; others planned on a few years of hard work at the most. Thus the American economy was built on the idea of expansion and large projects that would bring quick returns in money. There was no great enthusiasm for the cooperative

method of acquiring profits through a long, meticulous process of saving.

It is true that some Boston business men formed a cooperative society as far back as 1845. But it did not last long, nor did any of the hundreds of group enterprises begun during the next fifty years in this country have much success. The farmers' clubs of the 1850's, the National Grange, and the Knights of Labor, most of which were based on the cut-rate principle, brought the cooperative idea into disfavor. By 1900, virtually all of them were declining rapidly or had failed completely.

Then the frontier was closed. Gradually a change came about in the economic life of America. Instead of being able to move on and leave the burden of debt and failure behind, men had to stay where they were, to work out new plans for rebuilding an unprofitable business. Coincident with this economic change, there was a revival of interest in cooperatives. Small economies began to seem worth while to Americans.

With the turn of the century, this country saw the beginning of the consistent growth of two types of societies. There were first, the *producers' cooperatives*, made up of farmers, dairymen's leagues, the raisin growers, and the orange growers of California,

whose object was to assist producers to get better prices for their goods. This group really formed the base of the American cooperative movement. Parallel with these organizations the second group expanded, known as *consumers' cooperatives*. These were organized to obtain and sell goods on the theoretical non-profit basis and net earnings were to be returned to members in proportion to the amount of goods purchased. Naturally, the consumers were interested in keeping the prices down. Between these two types of cooperatives, there was an obvious conflict over objectives that has not yet been ironed out. On the other hand, there are cases in which the producer and consumer activities overlap, as when a farmers' organization is formed to get better prices for products and then decides to buy and sell oil and gasoline for use in production.

Certain economists who have made a study of this movement say that producers' cooperatives alone are inadequate. These groups take the place of middlemen and, although it is true that they are able to save part of the middleman's profit for the producer, they do not have much effect upon the way of life of people whom they serve. If the cooperative way of life is the ideal for the community, there must

be consumers' cooperatives as well as producers' cooperatives and ultimately industrial cooperatives, according to one group of economists. Cooperators themselves believe that the establishment of both producers' and consumers' groups offers the solution of the industrial problem by putting capital in the position of a "hired yet contented servant."

As symptoms of discontent with economic conditions have appeared in various parts of this country, there has been a parallel growth of cooperative groups in those sections. For example, before the World War, the Non-Partisan League was set up in North Dakota for farmers who complained bitterly of the indifference of the two major parties to their financial problems. This League soon established quasi-cooperative banks, mills, and insurance companies to aid the farmers. Irresponsible leadership and unsound organization, however, soon contributed to the financial decline of these enterprises.

In 1921 a mild business depression and a more serious collapse of farm prices caused some cooperative stores to fail. But, paradoxically, those that remained prospered and many more were established. As the farm depression settled into a chronic condition, the coopera-

tives continued throughout the twenties to spread rapidly in agricultural sections.

To act as a clearing house for groups pledged to the Rochdale principles, the Cooperative League of America was formed in 1915. Organized for the most part in the Middle West, the societies it fostered frequently went into the distribution of oil and gasoline for farmers. Once horses and mules had been forced into technological unemployment, the new tractors and combines demanded an expensive diet compared to the daily ration of oats. By 1920, the burden of supplying them with oil and gasoline had become almost too heavy to endure. Farmers turned with enthusiasm to helpful cooperatives. But as late as 1929, they were angrily reporting to each other that a large oil company had made a profit of \$275,000,000 from oil and gasoline sales in ten Middle Western states in one year. Financial news of this type gave added impetus to the formation of societies for selling oil and gasoline. Rebates to farmers on these products ran as high as 20 per cent, and by 1936 there were 2000 of these consumer cooperatives in the hands of the farmers of the country.

Today, cooperative organizations are more widespread in towns of less than 2,500 in the

Middle West than anywhere else. They operate retail and wholesale stores, filling stations, bakeries, restaurants, creameries, life and fire insurance companies. The method followed in the organization of virtually all consumer societies is to call a public meeting, enroll the members subscribing capital, elect a committee of management, purchase or rent a store, and appoint a paid manager. Members raise their capital for these enterprises by means of non-returnable entrance fees, the issuance of non-assessable capital stock, and money borrowed from members and others. The entrance fee may range from 25 cents to \$10.00, and is supposed to cover the cost of organizing the society. Whatever balance remains is used for the reserve fund. Annually, or at stated intervals, the operating expenses are deducted, sums are set aside for the surplus, expansion, and education, and the profits are then figured and returned to the consumer member in proportion to his purchases during the year. Behind the system the basic idea seems to be to apply the principles of democracy to business enterprise.

In one Colorado town a local society said to be capitalized at \$14,000 now has reserves of \$100,000. Within a few years it distributed \$650,000 in rebates

among its 1400 members. A wholesale society of Minneapolis does a \$2,000,000 a year business. It has 134 member societies, operates an oil blending plant of its own, distributes oil, gas, tires, batteries, and auto accessories. In 1935, total sales made through cooperative societies in this country were estimated at nearly \$500,000,000. Last year, 1936, it was reported that out of nearly 30,000,000 *families* in this country, 2,000,000 were enrolled in some kind of a cooperative.

For a good many years the Federal Government has recognized cooperatives as a legitimate means by which the consumer can help himself. During the last twenty years, the Labor Department has collected and distributed a great deal of information on the organization of such groups. In one of these pamphlets we find this interpretation of the movement:

"Cooperators at all times must remember that cooperation is not merely a business. It is something more than that. It is an experiment in a different kind of a civilization."

The present administration in Washington has taken an interest in cooperatives mainly as a means of aiding those handicapped by the depression. The agricultural credit program has been revamped to make it a really cooperative program for farm-

ers' cooperative enterprises. Up to July twentieth of last year, the Rural Electrification Administration, the purpose of which is to electrify rural America, had lent \$10,000,000 to cooperatives. The Tennessee Valley Associated Business Cooperatives, Inc., was given \$300,000 to distribute as relief funds in the development of cooperative enterprises in the Tennessee Valley and to teach the economic advantages, under certain conditions, of cooperative societies.

The original Federal Emergency Relief Board was empowered to assist self-help associations for the barter of goods and services of the unemployed. The Resettlement Administration has made grants to 283 of these self-help cooperatives, 215 of which still exist. These are mostly of an agricultural nature and in western states. The temporary nature of these self-help cooperatives has been repeatedly emphasized by the Works Progress Administration.

With the exception of the North Dakota experiment, the cooperative program in this country has been generally free from political color. It is not in accord with the idea of the Marxist groups, which insist that any real improvement in the economic life of the nation will come only in response to political action. The cooperative move-

ment is also in opposition to the basic Marxist principle, because it considers the consumer rather than labor the center of the economic life.

Behind the spread of the present movement in this country there are a number of complex factors acting as stimuli. Undoubtedly there is a strong relationship prevailing between the discontent over dwindling incomes since 1929 and the increasing interest of the consumer in the things that he buys. A flood of books in the last few years warning the consumer about the things he eats, uses, and wears has made him suspicious of the old distributive system. Wide circulation of literature, originating in Europe as well as in this country, on the subject of cooperatives has suggested to many consumers the thought that these societies offer them a way out of some of their financial difficulties.

What the future of cooperatives in America will be is an interesting subject for speculation but not a safe one for prediction. As a free movement, bound neither by class restrictions nor state regulations, cooperation, if combined with intelligent leadership, has before it great opportunities. On the other hand, the American's love for organized action as a remedy for economic grievances, may cause

him to espouse cooperatives too enthusiastically. If these societies have a mushroom growth, public reaction may cause them to die out like other passing fads. It is possible, too, that a permanent and satisfactory business recovery will cause a loss of interest in this movement. Opposition from private business may also keep the cooperatives from becoming an important part of the American economic life.

As to the future objectives of cooperatives in other countries, Avid D. Carlson,¹ writing in *Harpers' Magazine* has this to say:

"Cooperatives have . . . learned to be always on the look out for opportunities to unite with one

another in great leagues and wholesale associations which give the individual concern a mass buying power it could not have as a single unit . . . Ultimately the leaders hope to have in every nation great organizations like the English and Swedish and to unite them all into an international organization so powerful that trade may flow freely through it in accordance with consumption needs and that war would be an impossibility."

708 Church Street
Evanston, Illinois

EDITOR'S NOTE: The photographs accompanying this article first appeared in the article *UNCLE SAM FLIRTS WITH THE CO-OPS*: by Robert L. Van Boskirk in the *Nation's Business* for October, 1936. Permission to reproduce them has been extended through the courtesy of this publication.

¹Carlson, A. D.: Consumers Go Into Business, *Harpers' Magazine* 173:283 (August) 1936.

ANNUAL INDEX AVAILABLE

The annual index covering the 1936 volume of *ORAL HYGIENE* will be ready shortly. You can obtain a copy gratis by writing to the Publication Office, *ORAL HYGIENE*, 1005 Liberty Avenue, Pittsburgh, Pennsylvania.

WILL THE DENTAL PATIENT?

(Continued from page 21)

Cooperative Society. This was an institution, which for a nominal annual payment of dues, permitted a purchaser of many commodities to buy for cash at market prices, and subsequently to receive a yearly dividend apportioned according to the profits of the venture, the total sum actually depending upon the amount of the student's purchases. I remember feeling that, since no other business ever returned to buyers any portion of the money spent in purchases, there must be something wrong about such a cooperative organization. Hence I patronized it rarely, if at all. From a period sometime later, I have a vague recollection of a certain so-called cooperative movement in connection with discharged veterans from the World War, which could not have made much of an impression since I never took the time or trouble to investigate it. It is only recently that either memory has been called to my mind by the fresh enthusiasm with which consumer cooperatives are now being adopted in this country.

Cooperative societies for the protection, improvement, and solidarity of the consumer are today operating successfully on a scale that challenges admira-

tion and searching investigation. While it is true such movements are of two types; that is, consumer cooperatives and producer cooperatives, the types of merchandise stressed are distinctly consumer goods, and the consumer, which is an all-inclusive term for anyone who as an individual, purchases anything for use, is the one who in the last analysis benefits through such an organization and from whatever business and political power the movement may acquire. And since the consumer means you and means me, and since so much has been said about him, and so pitifully little done to help him, I have been impressed by the obvious fact that here may be a twisting bypath on the road of economics which may for once benefit the honest individual, the little fellow in life, even as you and I.

The Experiment Begins

To me, the significant point of this whole movement is why it came into being. The originators of the Rochdale experiment undertook their venture in a spirit of desperation, disappointed, disillusioned, and resentful against economic conditions as they were. Each suc-

cessive movement, no matter where placed, no matter on how large or how small a scale it was initiated, has been actuated by the conviction that the consumer of goods was in an unenviable position as regards his own improvement. In other words, consumer cooperatives are gestures of protest against an existing order which neglects the many and favors the few.

The increasing growth of consumer cooperatives is, in my opinion, more than a protest. It offers to a student of society an opportunity to wonder if here has been discovered a device through which capitalism may be perpetuated, may be rejuvenated, and may possibly be spared impending ignominious death. The voice of the consumer cooperative is no lonely cry in the wilderness, is not choked with the half shed tears of a bitter child, deserted by its parents; the voice belongs to a lusty youth, whose arms embrace members by the million, respectable, respected citizens independently able and militantly willing to struggle for the right to existence, and to compete in most cases successfully with the established order of production and distribution. The movement is of course a form of collectivism, but it is not socialism, it is not communism, and it stands in opposition to no form of govern-

ment wisely planned and sanely executed. In proportion to its strength, for there is always strength in numbers, it may exert a tremendous political influence, an influence, if a guess might be hazarded, for a constructive good.

In Sweden, which seems to be used as a standard of comparison, consumer cooperatives have encouraged the perpetuation of labor unions for the protection and improvement of wages. They have also, through competition with private business, secured lower prices on most commodities than would have been permitted under a privately operated regime, and have still on a narrow margin made a profit, a share of which has been returned to members. The movement has acquired a momentum which carries with it enthusiasm, a high moral character, a feeling of independence, and an optimistic hope for the future which seems to have done its share in making the world depression less severely felt in Sweden than in other countries, and seems to have facilitated a recovery which promises well for the dawn of tomorrow in history. In short, the consumer cooperative movement, no matter where it is found, has reached man's stature, commands an important place in our economic literature, and may soon be knock-

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*"What is there in
this for dentistry?"*



ing at the door of the health professions, demanding, in tones which must be heard, to be admitted.

Dentistry and Cooperatives

Now, what, you may ask, is the sense in all this? This is a publication devoted to dentistry, and to dental interests. What is there in this for dentistry?

Every dentist is a student of economics; he has to be. But he studied in a queer school. As individuals, and sometimes, if you please, as a group, we evidence characteristics of real idealism, combined with liberal amounts of pigheaded and blind obstinacy. The education of a dentist is an expensive matter; he is elaborately educated to supply expensive dental service. And it is probably right that this should be so. But, most of the people in this country cannot afford to pay what good dentistry costs; this number, in addition to those who cannot afford to pay anything, constitute the majority of potential dental patients. The admission that good dentistry is too expensive for the masses, and by the masses I mean the two classes referred to in the previous sentence, has produced the result that those comparatively few who can and do pay for dental service in terms of its true value, frequently do so unwillingly and com-

plainly. They feel that the fees charged are unjust, and that they are caught in a system which is unfair and they want to know what is going to be done about it. Whether or not this is the right attitude to take, whether there is a basis for complaint, has nothing to do with the case. The feeling is there, certain persons believe it and talk about it and we are not at present in a position to raise our voices to shout away the clouds of ignorance, or misunderstanding, and relative injustice. We are occupied, collectively and individually, in trying to see that there is an adequate demand for dental service and we never say any more than we are obliged to say about what this dental service is going to cost. We continue to have sublime confidence in our belief that good dentistry will get paid for somehow, and that this mounting tide of discontent against dental fees is nothing more than the same small group of chronic kickers to whom we have always listened, but who today are simply shouting louder.

This is not an article on fundamental dental economics; it is a short series of impressions about consumer cooperatives. But I am thinking of such groups in connection with the dental profession.

Could organizations of den-

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tists band together for their own protection and improvement, in the purchase of dental equipment and supplies? Certainly they could—for cash. Any suggestion to that effect would not be tamely received by our supply dealers and dental manufacturers. But if the supply dealer has characteristics in common with his dental customer, and I suspect he has, then the prospect of a cooperative organization which would forever drive from his door the unpleasant thought of credit risks, slow turnovers, and unpaid bills, might be an inducement to him to consider the possibility of such a movement. But the important implication connected with consumer cooperatives does not concern the dentist as a consumer; it has to do with the dentist as a producer, and the public, the much talked of and always neglected public, in the rôle of the consumer of dental service. Here, I believe, is something to think about.

I can't prove it, but it is my own impression that compulsory health insurance was not originated by a physician or by a dentist; neither was it, I believe, a dentist who thought up the scheme of installment buying of dental service. Nor was it, I venture the statement timidly, the medical staff of any hospital

which brought into being the group hospitalization plan of insurance against unpredictable health emergency. These several problems, these several possible solutions, all partial in their effectiveness since they strike at the effect and not at the cause, are the result of a demand by the public, which faces a constant supply of health merchandise at a price which collectively it is either unwilling or unable to pay. Remember, please, that every cooperative experiment in history originated as a gesture of desperation where economic survival seemed threatened.

Consumers Protest

Cooperatives have always been started as protests. Certain thinking people were willing to hope that consumer merchandise would be handled fairly: it was not, but they kept on hoping. When hope was exhausted, they went to work to improve conditions affecting themselves as consumers. Cooperatives, wisely handled, effected reforms in established industry. This seems an admission that the distributors of consumer goods were not giving the consumer a break.

The producer of consumer goods never started this movement; you must admit that. Then, for the case in hand, the dentist is the producer of consumer goods. For him to initiate

such a movement, if history is a precedent, would be to admit that dentistry is administered for the dentist and not for the patient. Now the average dentist is in an unenviable position: if you take away much more of his profit, even if you increase his volume, you won't have a dentist, you'll have a day laborer.

If the consumer (the dental patient) organizes to purchase health service, he will do it on his own terms, which again puts dentistry behind the eight ball. If both the consumer and dentist would admit mutual weakness and organize helpfully, each supplementing the other, a cooperative movement would work. But it has never been tried that way.

It is possible, however, and it is toward this end that I hopefully direct my gaze, that the buyer of dental services, the consumer of dental health merchandise, your patient and my patient, may sit down together across some table, in company with us, in honest and serious conclave, with the aim of discovering if a consumer cooperative movement, not as an

enjoined protest but as a constructive move for the benefit of both patient and dentist, can be worked out and put into useful practice.

What is there in it for dentistry? What is there in it for dentists? What is there in it for the patient?

There is nothing in it for dentistry unless the quality of dental service can be kept adequate. There is nothing in it for dentists unless the consumer, your patient and my patient, receives a square deal. And there is, in the last analysis, nothing in it for the consumer unless the dentist can be made an improved member of a respected profession, with inspiration to think, with enough security to live hopefully, as an example to encourage others to enter his field.

There is a good chance that there may be a great deal in it for dentistry. Consumer cooperatives merit thought and investigation, meetings of thinking people, and a vision of future objectives.

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"Life seems to exist on the base necessities and consequently Japan's great man-power can be purchased for very little."

JU-JUTSUING TRADE

by JOHN H. STELE, D.D.S.

OUR EARS STILL ring with the bellowings of radio loudspeakers transmitting the campaign song of that grand candidate who was so overwhelmingly returned to the White House: "Happy Days are Here Again!" And from somewhere in the dark recesses of our minds we can all glibly produce the good old platitudes: "Prosperity is definitely here!"; "We are on the road towards economic security!"; "Everyone

will have a job and everything's going to be all right!" True or false, these statements have the whole future for their proving ground.

We dentists, along with other impressionable Americans, are enjoying the aftermath of the campaign build up, the purple dreams engendered by the fulsome oratory. Those visions of more abundance at little cost and less work are making the



"Even at the ridiculous prices we pay for Japanese goods we are not receiving full value—merely a poor plating job covering a piece of junk."

bright future so much more compelling than our present humdrum dental problems. But at the risk of rudely awakening you from your emotional daze, I want to talk about economic realities of yesterday and today—realities that may have much more than you think to do with the well padded future you have in mind.

Even those dentists whose memories are full of faults and fissures can, I'm sure, recollect something ominous called *The Depression*. A more descriptive term could have been *Economic Indigestion*. We had overeaten at the rich, heavy boards during the lush, fat years of a false prosperity. Our financial gastric disturbances were intense and acute. Some of us floundered; some of us sank. Our bread lines wound for blocks and apple-selling corners were at a premium. Fortunately, a great number of us managed to struggle through by the skins of our teeth.

In order to do so, we looked about for some means whereby the dollar, inelastic, scarce, elusive, with the power for earning it curtailed almost to negligibility, could be stretched just a little further. A vicious trade practice sprang up. Time honored standards of arriving at a correct price went by the board. Ethical trade practices were jettisoned. The need was there

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January, 1937

ORAL HYGIENE

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(and it was great) and the fellow who could satisfy it, at the least possible cost, did a landoffice business. What did it matter if, at the end of the week, he went home with barely bread and butter money? An attractive retail store slogan, copied everywhere, was "Cut-Rate." A clinching sales argument was "This is being sold below cost." We discovered relatives, friends, and erstwhile casual acquaintances who, because of courtesies extended them through their employment, could obtain merchandise direct from the manufacturers. We discovered them and insisted on taking advantage of the facilities which they offered. We wanted things only because we needed them and they had to be priced cheaply. When pride was concerned we swallowed hard and looked the other way.

Taking his theme from this trade practice, one of our great entertainers, a banjo-eyed, effervescent, bouncing sprite, blessed with a plethora of daughters and the penchant (or predilection) for extracting humour from such a situation, sang a lilting ditty entitled, "I Can Get It For You Wholesale!" Analyzed and broken down to its simple truth, one found that a slogan which used to identify the American buyer (and seemed an inherent trait with him), "Price is no



"When these bright little Japanese imitators were shown how to produce simple things like toys, knickknacks and so on, they did them and asked for more."

object," had somehow been altered to "Price is the *only* object."

The Dime Store Era

In a land, as far flung as ours, with such a great population, a small minority may number millions. There has always been that group, mainly composed of low wage earners and indigents, dependent on charity, who, continually faced with an economic problem to solve, made price their only object and obtained requirements for their needs in the units of the great five and dime store chains. They were never concerned with quality, workmanship, or efficiency. What if a thing lasted but a few days? Another nickel or a dime bought its mate—and millions of them. With the advent of our financial debacle and with it the swing of most of our population to five and dime store buying—these stores and their numberless imitators looked about for fields that could furnish the products for the overwhelming demand. "Give us quantity and make it cheap" was the war-cry.

American labor, with its high standards of quality production, its organization, and its outspoken demand for proper returns for its efforts, refused to abandon its seasoned ideals. Manufacturers, proud in the tradition of American quality which

has made American products the world's finest, refused to sacrifice this reputation, even in the face of annihilation and bankruptcy. The demand was ever increasing. Merchants had to meet it and so the foreign fields were canvassed and producers found.

Situated uncomfortably close (as the Chinese have since sorrowfully discovered) and somewhat east of the Asiatic mainland is a group of Islands rather romantically called "The Land of the Rising Sun." There resides our rather aggressive little yellow brother. Individually and collectively he is rapidly and, apparently at his own instance, becoming a hybrid. He is trying to cross oriental characteristics and passivity of countenance with Western habits, mannerisms, and conduct. He is a bright little fellow, with twinkling eyes, lips parted in a great grin showing large yellow teeth. Further he has a disturbing habit of saying, "Can do!" to the most impossible demands. True, he hasn't much originality, but just show him how to do it once. He'll do it—perfectly—and after a few repetitions his inventiveness will add a few more wrinkles and even produce variations.

The White race discovered Japan in 1543. An intrepid expedition of Portuguese landed there to find a group of five islands

and numerous small ones inhabited by almond-eyed, moon-faced, always smiling little men and women. These explorers introduced the Christian religion and started carrying on a lucrative trade. Less than a century later, 1624, the ruling powers, becoming alarmed, ordered away all foreigners and interdicted Christianity.

American Trade Begins

Years of privacy, two centuries and more, passed by. Then in 1853, Commodore Perry, at the head of a squadron of United States men-of-war, steamed into the harbor of Uraga. On March 31, 1854, Perry secured a treaty opening up and safe-guarding the rights of American commerce in Japanese waters. Japan, Great Land of the Rising Sun, entered the family of nations. Rudely disturbed in her sleep, she awoke with amazing vivacity. Showing an aggressiveness never associated with an oriental race, she started to assume her right to a prominent place in the international firmament. Her expedition to Formosa in 1874, her annexation five years later of the Loo Choo islands in defiance of China's threats, her spirited policy in Korea, her army reorganization, and her creation of a strong navy proved her assertive spirit. In 1894-95 came the triumphant war with China, the

conquest of Port Arthur, the cession of Formosa. In the relief of the legations at Peking during the Boxer uprising of 1900, Japan bore an honorable part together with the United States and the European powers. The year 1905 saw the end of a successful war with Russia. More recently Japan has shown her strength in the annexation of Manchukuo and the defiance of the League of Nations. Just a powerful little guy!

Having established herself as an imposing figure in the international political scheme, Japan turned her eyes to commerce. Here she encountered an impasse. Western civilization had advanced far into the present mechanical age while she lay dormant behind closed doors. The production of the world's goods, supplies to fill the demand, were being well cared for. That did not phase her. With a patience painfully acquired from the harrowing experience of raising silkworms, or unravelling cocoons, and then spinning this almost ethereal thread into raw silk and the finished fabrics, Japan attacked this problem.

Her population was great, is great, and is ever growing. In a total area a little less than the state of Texas, there reside (according to the last census of 1930) 90,395,041 people. Hers is

not a fruitful land. It is one of the most mountainous countries in the world. Of the total 94,289,000 acres in Japan, only about one-sixth are productive. Rice is the largest agricultural crop and the principal diet of the people. Her mineral deposits are varied, but limited in quantity. A few large family groups, approximately nine, control the bulk of Japanese industry and commerce. Living is cheap in Japan. Luxuries, except to a small group of these families, are virtually unknown. Life seems to exist on the bare necessities and consequently her great man-power, going begging for want of something to provide these requisites, can be purchased for very little. All these facts, in great elaboration and profusion, have been disclosed time and time again.

Japan is Ready

This was the country that was ready to provide quantity cheaply for the rest of the world. When these bright little Japanese imitators were shown how to produce simple things, like toys, knickknacks, and so on, they did them and asked for more. We must not discount Japan with a wave of the hand. She is a worthy opponent. Basically oriental, she has learned the art of thinking. Thinking, to the exclusion of all else, until the prob-

lem at hand was solved. If Japan looked to her natural resources for the raw ores to supply the demand, she would be licked. She examined our Western civilization and found it young and robust, but not far removed from our primeval savage ancestors.

She Learns Re-Making

We were more likely to be attracted by a shiny outer surface and gaudy coloring than to look within. Following that theory, she learned the art of re-making. She found the world and especially our own country littered with trash. Broken machines, out-worn utensils, out-moded articles—junk! With her accumulated wealth she bought untold quantities of junk. Re-smelting, a bit of plating there, a lot of bright paint here, and articles were produced. With cheap materials and production by exceptionally cheap and unskilled labor, she can well afford today to supply the merchandising field with her products regardless of high protective tariff barricades—and still make a handsome profit. If something stumped her and she couldn't get an invitation to learn how to make it from the American manufacturer, she could always resort to the renegade workman or technician willing to sell his services to gain a few paltry dollars.

The Great Imitator

Not content to merely sit by and fill the original demands, Japan's aggressiveness urged her to look about her, to imitate everything. Now, and for a great deal of time past, she has been slowly insinuating herself in the dental field. Some time ago I was approached by an insistent carpet-bagger salesman. He just had to see me and display his wares. Perhaps there is something of the sucker in all of us. We like to look at and inspect new instruments. Besides, (there was my conscience) it was a hot day and the man was overheated from carrying his heavy suitcase. "Doc," he announced, "I've got some instruments to show you that you will just have to see. Look at them. You don't have to buy." With this he opened his case and gave me a handpiece. At first glance it looked exactly like the handpiece I had just purchased. Something made me look for an identifying mark and I saw the legend "Made in Japan" stamped on it. Without waiting for my question, he quoted the price to me. It was exactly one third of the price I had paid. Then he took out a forceps. It was a duplicate of the one I had purchased from my local dealer. This could not stand close scrutiny. It was a disgusting job. It doesn't take

an expert to discover flaws. The design and size were identical with the one I had. The number on it corresponded, but—the workmanship! I noticed marks of a file or grindstone—the plating was blistering—and even the "feel," that indefinite something which serves to establish quality and confidence, was totally lacking. I put it down feeling that I had touched something unclean. (Some of us are peculiar that way.)

I then asked him, quite innocently, if he had a catalogue with him and, as luck would have it, he did. There's where I got my greatest shock. Printed boldly in it were cuts of instruments and supplies, and the identifying marks of the American manufacturers hadn't even been removed. Patiently I inquired about the prices. The average seemed to run about a third of what the same thing would cost if it were manufactured here. There were pictures of units and engines and these were approximately a fifth to a quarter of the price we ordinarily pay here. The salesman boasted to me that he had several men lined up for new units and that he was clearing his stock instruments rapidly. This was said as an inducement for me to buy. Instead, I cut him short, dismissed him curtly and made him understand emphati-

cally that he was not welcome in his office again.

Further investigation brought to light the fact that, not to be outdone by American dental manufacturers, these Japanese importers have set up a show room in Mid-Town New York. Here, much after the method of our own producers, displays of units, chairs, other equipment, and instruments have been arranged. Here, the purchaser can make his own choice. It is evident and deplorable that a certain demand created this effort.

We, in the United States, have been taught to be sports—to fight fair and to play the game fair. We prefer to fight standing up. A great national pastime in Japan is the practice of Ju-Jutsu. It is a science of mental and physical development. It includes the art of self-defense in which an opponent uses his strength to his own disadvantage and embarrassment. It enables a small person to throw one of larger physique and therefore necessitates an accurate knowledge of anatomy. Ju-Jutsu is of great antiquity. Although first practiced by the Samurai, every Japanese knew the principles. It became a part of his mental make-up. It is easily conceivable that if the Japanese uses this art for self-defense he is likely to use it in his trade dealings. After all, we

are merely a crowd of semi-barbarians. Why not throw us for a loss too?

Japan's Aim

One can readily understand Japan's point of view. She is a nation teeming with population. With few natural resources to use for her own welfare and with a desire to assure that welfare, she must of necessity be a great importer. In order to balance her expenditures on imports she must export enormous quantities and derive a big profit. How she accomplishes that within herself should not matter to us. As far as we are concerned, our problems right now are as great, or even greater, than those resulting from the ravages of a devastating war. We have our labor troubles; we have our political sedition worries. According to some alarmists we are virtually on the threshold of internal conflict to protect the ideals of freedom and democracy on which this nation was founded. We have our hands full without the need for looking into someone's backyard to see how things are accomplished. We need our foreign export trade and we do not want to encircle ourselves with a high tariff wall and isolate ourselves from one of our best customers, Japan. Boycott in this particular instance would merely develop

into a double edged sword cutting both ways.

If the great Japanese masses are content to labor in peonage that didn't exist even during the days of slavery here, let that be their own lookout. We may not agree with the method Japan has taken to provide room for her overcrowded inhabitants, but we must agree with the logic behind it. On comparing Japan with ourselves we find that she has one-eleventh of our total area and more than three-quarters of our total population. These figures prove that she must find a way out of her economic predicament. Our immediate concern is with the method she employs in supplying the demands of our merchandising fields. Even at the ridiculous prices that we pay for Japanese goods we are not receiving full value—merely a poor plating job covering a piece of junk.

If Japan will enter our markets with goods comparable in quality, workmanship, and effi-

ciency to those of American manufacture, then and only then, can we feel that she is playing the game fairly. If the price is lower, then we can make our choice as we see fit and probably compound a question to our local manufacturers. Until that time comes, our duty to ourselves is to be practical and purchase articles that give us full value for the money paid out for them. Japan would do well to realize that Western civilization is adult, that it has reached a reasoning maturity, and that one cannot Ju-Jitsu its trade without taking some detrimental consequences. In order to protect himself, the American dentist, as a group or as an individual, will do well to bear in mind that the excavator he buys today, of Japanese manufacture, may be the worn out piston rod of the automobile he junked a year ago.

3 Anderson Avenue
Fairview, New Jersey

"LOWER PLATES *for three generations*"

by SETH W. SHIELDS, D.D.S.

A PERUSAL of dental literature reveals an adequate amount of information pertaining to prosthetic dentistry. After reading everything that could be found on the subject in my fairly complete library, I am, however, as helpless as a fly in a glue factory, ignorant as a Mongolian idiot, and confused as a cat in the middle of Lake Superior without transportation. My I. Q. is normal—at times I'm rational—but, like you, neither can I make a lower denture.

To my knowledge, this is the first paper devoted exclusively to that damnable instrument of torture to the patient, that pain in the neck to the dentist; namely, the lower plate. For some time the story has been virtually clamoring within my mind to get into print. At first, I thought of writing a series of complete books about the subject, slanted in the general direction of the Frank Merriwell, Rover Boys, or the Fred Fearnot series of books. Had I executed this intention, I might have, for instance, The Lower Denture

And Its Ramifications, The Lower Denture And Its Vicissitudes, or even The Lower Denture And Its Ice-Boat. After many mental calisthenics, however, I cheerfully and philanthropically decided to give the valuable information to the profession through the medium of one short scientific paper.

Of three generations of dentists Doctor S. W. Shields, Sr.¹—grandpa; Doctor H. S. Shields—dad; Doctor S. W. Shields, II—Uncle Scott; and S. W. Shields, III—yours-truly; Grandpa Shields alone is able to make a lower plate that will work. In the usual trite manner of all scientific presentations, his immortal technique follows:

Registering central occlusion, or, as called by the proletariat, taking the bite:

In a teacup full of luke-warm water, grandpa immerses a roll of beeswax which is the exact

¹EDITOR'S NOTE: A letter to the editor written by Doctor S. W. Shields, Sr., carries this comment: "I have read my grandson's article in manuscript form. It is all right to publish it."

length and twice the size of a small sausage. When this mass has become the approximate consistency of partly congealed mush, he bends it into a shape somewhat simulating the curve of the patient's arches and introduces it into the mouth—the mouth of the patient. This is important!

Grandpa then says, "Close, please, till I say stop!"

The patient merely closes while grandpa executes a slow-motion imitation of Max Schmeling's right jab with the palm of his right hand pressed firmly against the patient's chin. This pressure, declares grandpa, prevents any attempt at an overbite which is something with which most of us have trouble.

In a few seconds grandpa says, "Stop!"

As was pre-arranged, the patient, in the usual manner, stops closing.

The bite, complicated as it sounds, has been taken!

A full plaster impression is taken in all cases. If, fortunately, grandpa gets his lower impression extended to the floor of the mouth, on the lingual, and to the bucco-mucco fold, on the labial and buccal, (I believe "they" say facial for buccal and labial, now) splendid! If not, it concerns him not!

(a) Let's say he did get the impression properly extended.

After pouring and separating his model—in more plaster, not stone—he takes a sharp knife and cuts away the reproductions of the muscles attached to the ridge, by holding his knife at right angles to the long axis of the cast and moving it anterior and posterior in short, quick scraping movements. The cast is now ready for mounting.

(b) Let's say he didn't get the impression properly extended, because, really, he seldom does. If he gets only the top of the lower ridge in his impression with enough of the sidewalls of the ridges to give him a rough idea as to the angle of ridge-slat, grandpa is able, with the help of a discarded pan handle,



S. W. SHIELDS, Sr., D.D.S.

an alcohol flame and some wax, to construct the missing portion of the impression to the periphery. It takes time—grandpa's been at it since 1873—so don't get discouraged for forty or fifty years, if it doesn't work right off. Pour model as in (a).

Mounting

After softening and maneuvering, the beeswax-mush-bite is placed between the upper and lower models. With the thumb-nail of the right hand—the models being grasped with the left—the bite is pinched, in five places on the upper and three on the lower, firmly against the ridges of the casts. This, so he contends, firmly locks the models in the bite.

Chill! Chill till you shiver. I have, loads of times, while watching this work.

Mount on a straight line articulator, barn-door hinge or any hinge-like instrument.

At the termination of this step, grandpa neatly cuts and places six cents worth of fine grade chewing tobacco just posterior to his bicuspid, tenses the buccinator on that side of the chew, and blissfully awaits the setting of the plaster.

When, occasionally, it becomes necessary to check the setting of the plaster, grandpa has a unique way of elevating the lower lip with a slight hissing

noise which prevents any tobacco-juice from staining his chin. This peculiarity might be compared to the "hummm" and the "ahem" of the physician without which he would be completely lost when examining a patient.

After the plaster sets (he hastens its setting by adding a pinch of rock salt) grandpa removes the bite from the mounted casts. If a cockroach happens conveniently by (three to twelve feet) grandpa neatly drowns the luckless creature in a bath of antiseptisized saliva.

Now comes the critical, bite-gazing, and bite-figuring stage. With all the imperturbability of a flea on a Scotch Collie and the solemnity of an owl, grandpa gazes and figures for twenty seconds to as much as two minutes, moving the articulator up and down while gazing and figuring. Next, he turns the set screw which adjusts the space between the ridges to a point where he thinks it should be. Now, he carefully checks the bite by placing the index finger of his left hand between the upper and lower ridge. The width of that finger is termed "standard up and down distance," and solves his only bite problem, as the previously mentioned pressure on the patient's chin while closing prevents any mistake in the anterior-posterior relationship.

Incidentally, the time that particular finger was mashed, prosthodontia was thrown for a distinct loss in Brownstown, Indiana, grandpa's home town. He never has believed that his lower plates have worked so well since then, as three out of every five hundred, since that unfortunate accident, have returned for an adjustment which, heretofore, had been unknown.

The case is ready for tooth selection and arrangement.

Tooth Selection And Arrangement? Yeah!

Packing And Vulcanization? He's got me there, too, pal.

Polishing

This is an all-important step—one so important that, as yet, neither dad, Uncle Scott, nor I have ever been apt enough to satisfy grandpa with a brace of polished plates—or a single either. Invariably, he finds scratches. In removing them, I either create more or, at least, he finds more. Only the premature appearance of the patient, a fire, an earthquake, a political rally, or a death in the family

releases a Shields from the never - completely - satisfactory task of polishing plates if he's working under the kindly eyes of Grandpa Shields.

As for himself, grandpa scrapes, scrapes, sands, sands, sands, sands, sands, and then sands some more; pumices, rotten-stones, and high-shines. To us the plate would appear beautiful. Its luster reflects blinding light in the eyes; the scratches are conspicuous by their absence. The border is smooth and rounded in its entirety. But the grand climax is yet to be reached.

With a coarse vulcanite file, grandpa cuts the border down to a point where, as he describes it, he thinks he's ruined it. He then cuts off a quarter of an inch more and repolishes the newly-created periphery.

The lower plate now is inserted in the patient's mouth. Grandpa Shields has plenty of evidence in Jackson County that they work. Ask the man who owns one.

Darlington, Indiana

TRAINING TEACHERS *of Dentistry*

by JULIUS F. MILLER, D.D.S.

TEACHERS IN professional schools undoubtedly have some interests of professional and educational character in common with teachers in liberal arts colleges and universities generally. The teacher's problems are two fold. There are those within the school proper of a technical and professional nature, such as the improvement of a curriculum, modifications of methods of teaching, educational research, student guidance, measurement, and so on. His other problems relate to those vital issues that have a bearing on social questions. It may now be asked, what are the social duties of the professional teacher to his immediate community and to the nation as a whole? In the light of the rapid strides that teaching as a profession has made in the first century of its independent existence, it is hardly conceivable that the teacher in the professional school should remain aloof, unmoved, untouched by the developments in elementary, secondary, and higher education.

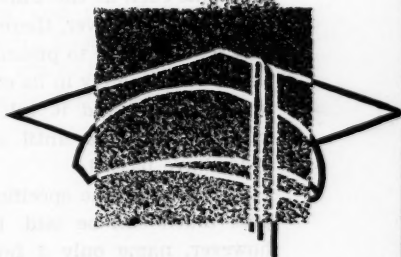
According to Professor John Dewey¹ in his discussion of Higher Education, "The multiplication of faculties, schools, and institutes of a professional and semi-professional character, characteristic of higher education is paralleled in secondary education. In the former, in addition to the three traditional professions, theology, law, medicine, we now have schools of dentistry, pharmacy, commerce, journalism, teaching, and a host of others." Their multiplication has certainly not lessened educational confusion. Their existence is challenged on two different grounds. One concerns actual methods employed and the content offered. The other has to do with the legitimacy of their existence as a part of a general educational scheme.

If one carefully looks over the pages of the history of the teaching profession in America, he will find that many battles have been fought to defend the

¹Dewey, John: *The Way Out of Educational Confusion*, Cambridge, Harvard University Press, 1931.



The course in dental education is separated into three divisions . . .



principle of professional training of teachers. While the trial and error method of training persons for the professions of medicine, dentistry, law, engineering, and so on, has long been discarded, some professional men still fail to see the wisdom of giving dentists special training as dental teachers, and phy-

sicians as medical teachers.

New Course Offered

At this point, may I, in a few words, describe the broad aims and principles of the course now being given by Doctor Asgis² at New York University for dental teachers, entitled "Principles and Philosophy of Dental Edu-

cation"? To enumerate any of these in an educational program is foolhardy; however, there are some general and specific objectives which may be mentioned. The main general objective is fundamentally to produce better dentists. How can this be done? By improving the quality of instruction, by being able to make further deductions of dental education from its past record of progress, by being able to construct a philosophy of dental education which will be suited to its scientific, professional, and social nature.

Today, experiments are going on all over the country in the field of dental education in institutions such as the University of Chicago. However, there is no concrete evidence to present, for this work is merely in its experimental stage, and it will have no actual results until a few years have passed.

In regard to the specific purpose much can be said. I will, however, name only a few objectives—to orient the beginner in his field, to serve as a general introduction to a broader study of dental education, to analyze past problems in the light of fundamental principles, to anticipate future problems in the light of the current trend, to in-

itiate the teacher in the dental school to solve problems in a scientific and practical manner. The course is separated into three large divisions from which methods of study will be evolved. The first is the functional approach. In this, we read of the doings of men famous in their study of dental education—men such as H. H. Horner, W. J. Gies, J. Ben Robinson, and B. W. Weinberger. The second is the historical approach. Here we base our study on the various influences that changed dentistry from a trade to a profession. Thus from the year 1840 we see dentistry veering away from its apprenticeship method of training to an institutional training by formal systems. Also under this heading comes the work of Pierre Fauchard. The third approach is the comparative one. In this, one studies dentistry as practiced in other countries of the world. Then, too, the various contributions other countries have made to dental knowledge will be studied. Material on pathology from Germany, dental education from Italy, anatomy from England, and so on, will be presented from time to time.

Thus we can see that there is no intention of having a standard textbook for the course. The student will rely for information on the various lectures he

²Courses for Dental Teachers, *ORAL HYGIENE* in the Dental Compass 26A: 1619 (December) 1936.

attends plus all the outside reading he can assimilate. At the end of the year the student will have a syllabus for future classes. Scientific knowledge will be developed by pure or fundamental research.

Thus the recent announcement of the courses in dental education by New York University is of prime importance and interest to the men who are in touch with what is happening in professional education. What both medicine and dentistry, and in all probability law, and the

other professions as well, have long needed is a great deal of concentration on how to teach professional subjects. True, there are and have been a great many excellent teachers in all professions, but most teachers, no matter how valuable their knowledge, lack the facility necessary to adequately impart that knowledge to the students. It is to be hoped that more and more effort to correct this lack will be made in the future.

853 Broadway
New York, New York.

CENTENNIAL

The Kentucky State Dental Association and the University of Louisville will cooperate in putting on a joint Alumni and State Association Meeting, April 4-7. The meeting will be in part one of the activities held in connection with the University of Louisville centennial celebration.

CASH *and* CARRY

by O. C. AMMONS, D.D.S.

PATting JANE'S healthy cheeks I tell her she's the best office assistant in the dental world and she tosses her pretty head impudently and says she knows it, which I believe she does.

"Mrs. Wallup is in the waiting room," Jane says now in a lowered voice, helping me into a fresh operating coat, "and she has lard in her hennaed hair and poison in her green eyes."

"Has she got a gun?" I ask, like I'm scared.

"She doesn't need one to put you away."

"Old Woman Mountain Wal-lup! She'll never be satisfied with those plates till she makes the last payment on them."

"By that time," Jane comments dryly, "at the rate she's going, she'll need a new set. And her husband one of the richest men in Orangemont."

"Put a ring in her nose and lead her in."

Mrs. Wallup weighs around two-fifty with little of it fat. She has a mustache that many a young buck would envy and a jaw as wide as a horseshoe.

"Good morning, Mrs. Wallup," I greet her, beaming like it's the happiest moment of my life.

"Grrrump."

"What a fine disposition you have, Leo," I said to myself, and aloud, "You're looking fine this morning."

She 'grumped' again and wedged her broad beam into the dental chair.

"Nothing like having one's



"Now, Mrs. Wallup," I soothes, putting up one hand and taking a couple of steps backward.

health, I always say. Those plates have made you look ten years younger, Mrs. Wallup."

"And feel a hundred years older!" she booms.

"Ha, ha, ha! Nothing like a sense of humor. What a pleasure it is to a dentist to find a patient with that rare quality."

She made a noise with her lips and I felt like saying, "The same to you, Horseface," but didn't, thinking of those fifteen smackers she still owed me.

"There they go!" Mrs. Wallup sorta gulps, and jams a thumb the size of a banana into her mouth.

I'm getting a bit edgy. I says: "They would have to be riveted in to stay up when you blow like that."

She turned loose everything she had then. "The lower ones tilt up when I eat. They cut my gums. I get berry seeds under them. When I sneeze, the uppers..."

She ran out of breath and I wedged in. "You have to learn to use plates, Mrs. Wallup," I said, kinda tight.

"I've had 'em six months; I oughta've learned by this time!"

And oughta've paid for them by this time, I thought. "I only make 'em"; I said, "I can't wear 'em for you."

"They don't fit."

They did fit. I'd never made a better set of plates in my twenty

years of practice. It was that unpaid balance, consciously or unconsciously, that was causing all the trouble. I said: "Let me see them," sweet as pie, but boiling inside. I'd had about enough of her.

I fished out her plates. They looked like the fossil remains of a dinosaur or something. I took them into the lab and tossed them into a drawer of the workbench, then returned to the operating room.

"Mrs. Wallup," I said, no honey in my voice now, "you owe \$15.00 on those plates. When you kick in you get them."

She stares at me a moment as if not sure she's heard me right. Then all of a sudden she lets out a bellow that sends chills cavorting up my spine. And with one lunge she's out of the chair and bearing down on me like a one horned rhinoceros.

"You low-lifed buzzard!" she bawls.

I'm no Frank Buck. "Now, Mrs. Wallup," I soothes, putting up one hand and taking a couple of steps backward.

But the rhino follows me up, telling me in that big voice of hers what a so-and-so-this-and-that I am. I back into the waiting room. Mrs. Wallup keeps right on coming. I duck behind a chair and shove it out in front of me.

Old Rhino stops now and

glares murderously at me across the barrier. She can't seem to think of any more epithets or else she's choked up on her own spleen. Suddenly, she turns, grabs her hat off the table, jams it down over her ears, and stalks to the door. As she goes out she flings back: "I'll tell *Percy* about this and he'll settle with you!" and bangs the door behind her.

Percy is her husband. He weighs about a hundred and ten pounds with his hat on.

The next day Percy came in and "settled" with me. He apologized for his wife losing her temper (I'll bet she didn't tell him to) and shelled out fifteen dollars for her plates.

Friday afternoon my wife went

to a bridge party. When she came home she told me that Mrs. Wallup is broadcasting it around what a wonderful set of plates she has. I knew they'd be all right when she got them paid for.

The next morning I said to Jane: "From now on it's 'cash and carry' with plates.

Without turning her head, Jane said as she walked into the laboratory: "I've heard that before."

There oughta be some sort of a law protecting dentists from bullying office assistants.

1026 Marengo
South Pasadena,
California

DENTAL MEETING DATES

North St. Louis Dental Society, eighth annual meeting, Chase Hotel, St. Louis, January 27-28, 1937.

Philadelphia County Dental Society, annual meeting, Benjamin Franklin Hotel, Philadelphia, February 3-5, 1937.

The 1937 meeting of the United States Section of the International College of Dentists, Stevens Hotel, February 14, 3:00 P. M.

Chicago Dental Society, seventy-third annual midwinter meeting, Stevens Hotel, February 15-18, 1937.

University of Buffalo Dental Alumni Association, regular meeting, Hotel Statler, Buffalo, February 24-26.

Five State Dental Post Graduate Clinic, Wardman Park Hotel, Washington, D. C., March 7-10.

Alabama State Dental Association, sixty-eighth annual meeting, Battle House Hotel, Mobile, April 12-14, 1937.

American Society of Orthodontists, thirty-fifth annual meeting, Edgewater Beach Hotel, Chicago, April 19-22, 1937.

North Carolina Dental Society, sixty-third annual meeting, Carolina Hotel, Pinehurst, May 3-5, 1937.

Dental Society of the State of New York, sixty-ninth annual meeting, Waldorf-Astoria, New York City, May 4-7.

Pennsylvania State Dental Society, sixty-ninth annual meeting, William Penn Hotel, Pittsburgh, May 4-6, 1937.

Tennessee State Dental Association, seventieth annual meeting, Knoxville, May 10-13, 1937.

What do YOUR PATIENTS know about DENTISTRY?

The questionnaire method was employed in this survey. Twelve hundred typical patients were asked twelve simple questions.

EVERY DENTIST at some time has wondered what and how much his patients know about dentistry. Every dentist at some time has hoped that some method of public education in dental conditions and dental care might be undertaken. Vague plans have been presented and discussed for such a publicity project. But no one has ever determined at what level the story should begin and among what persons the publicity should be dispersed.

By their very presence in the dental office, it may be assumed that patients have some idea of the advantages of a dental treatment and possibly of its limitations. The level of understanding would presumably be lower among those who have not shared in the dental experience. With this in mind, a study was undertaken by ORAL HYGIENE PUBLICATIONS to determine the attitudes of typical dental patients among an unselected list from the practices of thirty-seven dentists. The results of

this survey which was begun more than a year ago are about to be published. The practices of the cooperating dentists represented a geographic and typical cross section throughout the United States. The names of these dentists will be published in the first installment of the report in the January issue of THE DENTAL DIGEST, an ORAL HYGIENE PUBLICATION.

The questionnaire method was employed in the survey. Twelve hundred typical patients were asked twelve simple questions, such as "What do you think causes a toothache?" and "Of what use is an x-ray of the teeth?" Their replies have been tabulated in detail and charted for comparisons. The results have been interpreted, but every reader of this comprehensive study will want to make his own interpretations as well. WHAT TWELVE HUNDRED PATIENTS KNOW ABOUT DENTISTRY will be told in the January, February, March and April issues of THE DENTAL DIGEST.

Editorial Comment

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO
ARGUE FREELY ACCORDING TO MY CONSCIENCE
ABOVE ALL LIBERTIES. *John Milton*

IS DENTISTRY READY FOR ECONOMIC EXPERIMENTS?

HAVE DENTISTS any interest in the consumer cooperative movement? We believe that they have—or should have. In this issue two articles appear on the subject; one gives the historic background of the consumer cooperative movement, the other suggests interests that dentists as *producers* should have in the subject.

In 1844, the first consumer cooperative was organized by twenty-eight weavers in Rochdale, England. In 1936, it has been estimated, there were 105 million persons throughout the world organized in consumer cooperatives. The movement is gaining strength and enlisting widespread interest. The present administration has sent a commission abroad to study the subject. It is expected that this commission will make a favorable report which may be the basis for legislative action to encourage the extension of cooperatives in the United States.

Why must consumers combine and cooperate? Who are their enemies? What is to be accomplished by changing the methods of distribution of goods and services? These questions are as persistent today as they were in 1844. To answer them directly and simply is not easy. We may hazard several observations. Under the principle of *laissez-faire* or non-interference in economic activities, the consumer was at the mercy of the producer. Under the rule of *caveat emptor*, the consumer was warned to beware; he had no protection against adulteration, dishonest weights or measures, goods of inferior quality. Craftsmen organized into guilds and societies to improve their conditions as *producers* by setting up prices and the conditions of competition. Out of such associations of producers have sprung such diverse organizations as trade unions, manufac-

turers' associations, and professional societies; some of which at times have been anti-social and in restraint of free trade. Each of these organizations is frankly an association of men to improve their own conditions in economic society. The working man joins a trade union hoping that his hours of labor will be decreased and his wages increased. The manufacturer becomes a member of his association believing that he will thus have some control over competitive price levels and the conditions of competition. The professional man, the dentist, for example, expects his society to aid him in increasing his skill and knowledge as a producer and to protect him from unfair competition. We observe, then, that regardless of their place in economic society—laborer, capitalist, or professional worker—men have forms of organization to protect and help them as *producers*.

We spend only part of our life as a producer; most of our life, and the most pleasurable part, is spent as a consumer. Why, then, shouldn't this part of our life be given as much attention as that concerned with our rôle as producer? Why shouldn't we get the most out of our consumer relationship? Why should we pay too much, accept poor products, short weight, adulteration, when by combining and cooperating we can set up standards and criteria that will help us get our money's worth? Why not *caveat vendor*? These are questions that concern consumers; from such unrest among consumers developed the cooperative movement.

Dentists are consumers. They buy food and gasoline, clothes and gadgets. As such they should be interested in the cooperative movement. Dentists are also producers. They offer an important personal service which many persons buy, but which more need. At present this service is purchased under the system of free contract between two persons. Such freedom of choice and contract is undeniably a satisfactory arrangement to the producer. We should like to preserve such a relationship. Realism, however, requires that we face the facts and the current issue in a changing economic scene. The facts are these: people are beginning to think and to organize in terms of consumers; they want quality, fair price, honest goods. The issue is this: we are living in an economic society where *laissez-faire* is giving way to regulation and control, where the rights of consumers are being more clearly recognized.

Perhaps in some day not far distant some member of a lodge or club or union will come to one of us and ask under what terms and conditions he and his colleagues may buy dental service from us. He

will be, in fact, the representative of a consumer cooperative and, if he follows the Rochdale principles, he will insist on quality services and will pay cash. Or the representatives of a labor federation might approach the officers of a dental society—either local or national—and inquire concerning terms and conditions under which their members might purchase dental care on a group basis. What will our answer be? Will we be seized with panic and flee before the terms *group practice* or *contract practice*? Will we say it isn't ethical, despite the fact that it might be the means of bringing needed care to additional thousands of people? Or shall we object because it is something new and untried in the face of the paradox that every advance that dentistry has made has been based on the new and the experimental? We cannot raise the cry of socialism and communism if groups of free people come voluntarily seeking to buy dental care and expecting to pay for it themselves. At this writing it seems that what we need most as we look upon the economic scene is a mind unfettered and without dogma, a mind open to the adventure of experimentation.

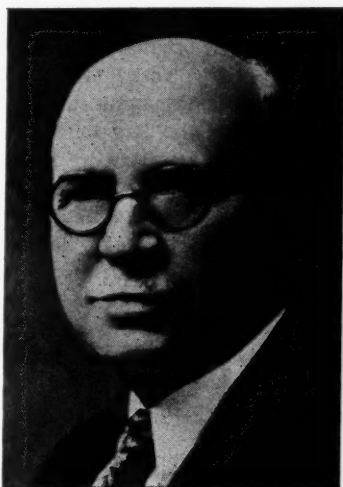
Edward J. Ryan

JOHN T. HANKS

A PRODUCTIVE career, important in city, state, and national dental history came to an end November nineteenth when Doctor John T. Hanks, 66, of Seventeen Park Avenue, New York, died suddenly while riding on a New York subway train. He was returning to his office from a conference in the City Hall relative to the possible status of dentistry under the Civil Service laws of New York City.

Perhaps now more than any other time the loss of Doctor Hanks will be felt with particular keenness by the dental profession. His broad information on dental conditions throughout the country had made him valuable both to the Federal Government and to the profession at large. Better than any other person, he was prepared to aid in the orientation of dentistry in the changing economic picture.

In 1934, the record of Doctor Hanks' constructive work for dentistry brought him the recognition of the Federal Government. He was appointed Dental Advisor to the FERA, in which capacity he has since spent much time investigating dental conditions throughout the country. He was also invited to act as advisor to Edwin C. Witte, ex-



ecutive director of the President's Committee on Economic Security.

As an official of the American Dental Association, Doctor Hanks did much to aid the forward march of dentistry. While a member of the Committee on Dental Economics, he made an intensive study of all forms of health insurance from the point of view of the dental profession. Through the national association, he also pioneered in efforts to terminate the practice of advertising dentistry.

In his own city Doctor Hanks was prominent both as a leader

in the profession and as a technician. He was elected President of the First District Dental Society in 1926 and later served as its Secretary for seven years. He was one of the originators of the Greater New York Meeting. Through the many ramifications of its service, he has followed the work of dentistry in New York. In 1923, he was appointed to the dental staff of Bellevue Hospital, and two years later, with Doctor Martin Dewey, organized the dental staff of Polyclinic Hospital. He has served as director of the division of dentistry in charge of twenty-six New York hospitals, chairman of

the dental supplies division for the American Red Cross, and member of the advisory committee on dentistry to the Commissioner of Health of New York City.

Throughout his thirty-five years of activity in the dental profession, Doctor Hanks wrote many constructive articles on dentistry. His position was consistently progressive, striving toward a change in the status of the dental profession to one of greater dignity and importance.

Of Doctor Hanks it can be truthfully said that he considered the interests of organized dentistry not only his work but his diversion.



GREATER PHILADELPHIA MEETING

• BENJAMIN FRANKLIN HOTEL • FEBRUARY

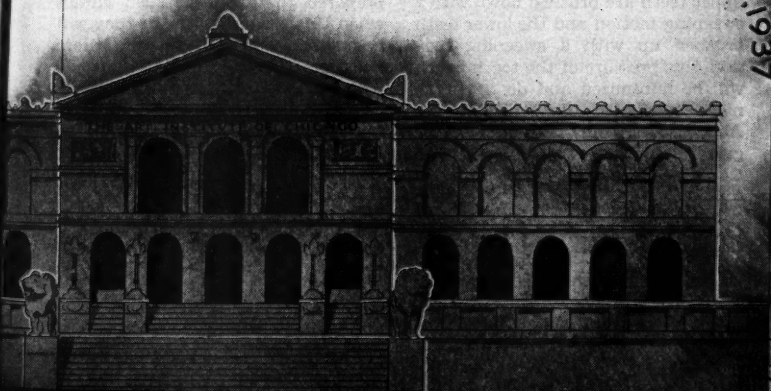
31 TO 5, 1937



CHICAGO DENTAL SOCIETY MEETING

• • • • • STEVENS HOTEL • FEBRUARY

15 TO 18, 1937



DEAR ORAL HYGIENE:

"I do not agree with anything you say,
but I will fight to the death for your right
to say it."—VOLTAIRE

On Brushing Teeth

I have been reading your articles since I was a freshman in college and generally agree with what is said or look upon it as a misunderstanding on my part, if I don't. But I am compelled to rebel on an article appearing in your columns under the title *WHEN TO BRUSH TEETH*.¹

I cannot understand why anyone is advising his patients to stop brushing their teeth when the fault lies in the method they use not the frequency of brushing. I have several patients who have abraded places on their teeth, but these are always on the cuspids or other teeth that are out of occlusion. Common sense will tell you that the cross stroke will hit teeth harder and wear them down, whereas, if the upper teeth are brushed down with a sweeping motion and the lower teeth brushed up with a sweeping motion, this pressure of the tooth brush will be minimized and do the work more efficiently. Try this, Doctor Abbott, and your patients will be grateful to you.—LEWIS R. MOORE, *Chelsea, Oklahoma.*

¹Abbott, Jules: *When to Brush Teeth*, *ORAL HYGIENE* in *Dear Oral Hygiene* 26A: 1478 (November) 1936.

The WPA Dental Clinics

I have read several times your article² *WHAT DO THE WPA CLINICS MEAN TO DENTISTS?* in the October, 1936, *ORAL HYGIENE*, and I was much impressed with the efficiency shown both in organization and the actual work turned out by these clinics.

We have all read and read articles that had to do with the dental care of those on relief, but you have been the first one to show such a clinic in actual operation and work that has been accomplished.

A clinic such as you have described seems to me to be the solution of the dental care of the indigent. All dentists realize something must be done and we cannot depend on the medical profession doing anything for us.

The dental profession *must be prepared* to take over such clinics when Uncle Sam lets go, or they will be politically controlled—then where will our profession and the people who need this dental work so badly be? We need only read what has happened in other countries to know the answer.—H. F. CEVELY, *Severy, Kansas.*

²Voorhies, Jay: *What do the WPA Clinics Mean to Dentists?* *ORAL HYGIENE* 26A:1296 (October) 1936.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Soreness In Mouth

Q.—I am wondering if you can help me with a case that has baffled me as well as several physicians. The patient is a married woman, 47, who has fair occlusion, a reasonably clean mouth, and wears an upper partial denture. When this patient first presented herself, she complained of her mouth being extremely sore when eating. The right cheek was slightly swollen, the mucous membrane being more or less milky in appearance.

The patient stated that when her mouth first became sore, little white specks appeared on the membrane, and smears were taken, showing a few leucocytes, and some bacteria, which include a few fusiform bacilli, 1 spiral on 2 smears, and a few cocci. Since I thought the report did not warrant treatment for Vincent's infection, I suggested a physical examination, which the patient had; her physician, without hesitation, diagnosed the condition as Vincent's infection and began treatment of the condition.

The next morning the infection had spread to the opposite cheek and floor of the mouth; at this time the left cheek and floor of the mouth had a number of little white spots about the size of a pin head and her physician, realizing that

his diagnosis was in error, called me asking my permission to have an eye, ear, nose, and throat specialist look at her mouth; again the diagnosis was Vincent's infection, despite the laboratory report.

Accordingly, for two days I treated the patient, using the regular routine consisting of mercurials, metaphen, oxidizing mouth washes, and similar preparations. No improvement was reported, and I felt, in justice to the patient, that we should take additional steps for a further diagnosis. Cultures were taken and incubated, with the following report:

"Cheek (right) smear:

The area was a creamy white with reddened edges. Gram stain showed a very few cocci occurring singly and in pairs and a few white cells. Emulsion in 10% Potassium hydroxide revealed no mycelial threads and no spores. Six days growth on Saboraud's yielded no fungi."

A Wasserman test was taken which showed negative. In the meantime, a local specialist, under her physician's orders, diagnosed the case as leukoplakia, and prescribed a mouth wash, the name of which I did not obtain. After about ten days, with the condition apparently unchanged, her physician suggested the possibility of cancer. With each change of diagnosis, he almost frightened the patient out

of her wits. She lost faith in her physician and has changed to another.

The following report was given by a clinical technician:

Hemoglobin 71% Leitz Sahli
Red cell count 4,110,000
Color index 0.87
White cell count 6,600
Differential count:
Lymphocytes 34% 200 cells counted
Monocytes 8%, Red cells are normal
Eosinophiles 2%, in size shape and
Basophiles $\frac{1}{2}\%$, hemoglobin content.
Neutrophiles 55%.

In the upper right jaw, there is a silver and a gold restoration, which are in contact with each other; both of which have been in the mouth about 15 years. A roentgenogram shows what appears to be a broken hypodermic needle in the upper left antral region.

The condition has almost cleared up on the left cheek and floor of the mouth, leaving a tracery of scar tissue somewhat similar to what would appear if one had taken a cautery and burned a crisscross tract across the inside of the cheek.

Lately, however, there has appeared what the patient described as a blister on the inside of the right cheek. I did not see the blister until after it had broken and discharged, and it had the appearance of a more or less ragged area about the size of a dime, with a small center raised area, white in appearance, a good deal like the coagulated albumen of an egg. These blisters form immediately so far as the patient can tell, break, and then flatten out.

I had the feeling that it might be leukoplakia or thrush, but must confess, I am more confused today, than when I first saw the patient a little over a month ago. Have you any suggestions?—L. A. F., California.

A.—I am reasonably sure that this condition is neither leukoplakia nor the mouth manifestations of the Plaut's angina.

It might be mycotic stomatitis or thrush as you suggest or it might be a vesicular stomatitis. It would seem to me that watchful waiting, using only mild mouth washes, would be the right procedure as far as local treatment is concerned and then systemic treatment, which would tend to build up the hemoglobin, would certainly be indicated. The white count and a differential count indicate that there is no serious infection. There is always the possibility of patients being sensitized to particular chemicals such as are used in some dentifrices.

The radiopaque area shown on the roentgenogram in the region of the left maxillary sinus does have somewhat the appearance of a broken hypodermic needle; however, we can get a good deal that same appearance if films touch one another in the developer, so it would be wise to make another exposure of this region, if you have not already done so, to be certain that there is in fact a foreign object present. But even if it is a hypodermic needle I don't see how it could be related to the other condition and I doubt if it would be advisable to subject the patient, at this time at least, to the severe operation that would be necessary to recover the needle.

It may be that an improvement in the patient's general health will improve the mouth condition. — GEORGE R. WARNER.

Calculi

Q.—I have a patient whose salivary glands are swollen on both

sides. They have been in this condition for six months, and his mouth has been dry. He has lost his appetite lately for some foods, and he has a burning sensation in his mouth when he eats certain foods. I am unable to find the outlets of the upper salivary ducts. I should appreciate your opinion in this case.—F. S. P., Maine.

A.—The case you have described would seem to be one of calculi in the salivary gland or duct. Cases are on record of the symptoms mentioned persisting over a number of years when calculi were the activating cause.

Sometimes these calculi have a ball valve action; they are pushed forward until they stop the orifice of the duct, and then they drop back and allow some

flow of saliva. Ranula would be the other thing that one would think of in connection with the symptoms described, but it rarely persists over as long a period, therefore I believe it can be discarded as a probable cause. Sometimes diagnosis can be made by palpation, but the roentgenographic examination is the most satisfactory; however, this isn't so easy to make in the case of the parotid gland. If calculi can be located, it is usually necessary to split the duct and take the calculi out at the point at which they are located. If you are unable to locate calculi or if you can locate them and can't get them out, it would be wise to take your patient to an oral surgeon.—GEORGE R. WARNER.



"The boy who gets this job must be fast."

"Mister, I'm so fast I can drink water out of a sieve."

Prison Warden: "I've had charge of this prison for ten years. We're going to celebrate. What kind of a party do you boys suggest?"

Prisoners: "Open house."

Customer: "Have you a book called *Man, the Master of Women?*"

Salesgirl: "The fiction department is on the other side, sir."

If she carries him like a vase, he is her first baby; if she carries him like a raincoat, he's her fourth.

"Edith, what is it you want to know now?"

"When the first man started to write the word 'psalm' with a 'p' why didn't he scratch it out and start over again?"

"Melvin! . . . MelVIN!"

"What?"

"Are you spitting in the fish bowl?"

"No, but I been coming pretty close."

A freshman in college, being broke, wired to his father: "Dad, send me ten dollars at once, as I am on the hog."

Promptly his father wired back: "Ride the hog home, we're out of meat."

Donovan worked in a factory where they encouraged the staff to put forward ideas.

One morning he was shown into the office of the chairman, and announced that he had thought of a way of insuring that none of the hands would be late in the future.

"That sounds good," said the chairman. "How do you propose to do it?"

"Sure and that's aisy, sorr," said Donovan. "The last man in blows the whistle."

Mr. Meek: "Darling, haven't I always given you my salary check the first of every month?"

Mrs. Meek: "Yes, but you never told me you got paid twice a month—you low-down, unprincipled embezzler!"

Jack: "Did I borrow five dollars from you one day last week?"

Fred: "I'll have to consult my memorandum book. Yes, here it is—Charity, Five Dollars."